	7 E & O	:	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
000047101104			

III.

IV.

	SANTA FE		T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11			
	FILE AND Effective 1-1-65						
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	LAND OFFICE	_					
	TRANSPORTER OIL	_					
	GAS OPERATOR						
	PRORATION OFFICE	-					
1.	Operator						
	MWJ Producing Company						
	Address						
	413 First National Bank Building, Midland, Texas 79701						
	Reason(s) for filing (Check proper box		Other (Please explain)				
	Recompletion	Change in Transporter of: Oil Dry G	THIS WELL HAS BEEN	PLACED IN THE POOL			
	Change in Ownership		ensate NOTIFY THIS OFFICE.	IF YOU DO NOT CONCUR			
ı		Condition of the Condit	ensure				
	If change of ownership give name and address of previous owner						
ŧ	-						
II.	DESCRIPTION OF WELL AND Legse Name	LEASE   Well No.   Pool Name, Including					
		1 Baum (Upper P		Lease No.			
ŀ	Baum D State Location		enn) K 3 /3/	K-3846			
	Unit Letter J; 1980		1000	<b>.</b>			
	Omit Letter 5 ; 1900	Feet From The South Li	ine and 1980 Feet From	n The <u>East</u>			
	Line of Section 4 To	wnship 14S Range	33E , NMPM, Lea	County			
				County			
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G					
- 1	Name of Authorized Transporter of Oi		Address (Give address to which appr	roved copy of this form is to be sent)			
ŀ	Admiral Crude Oil Corp. Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Box 713, Midland, To	exas			
	No	singledd Gds or Dry Gds	Address (Give address to which appr	roved copy of this form is to be sent)			
-		Unit Sec. Twp. P.ge.	Is gas actually connected? W	n			
	If well produces oil or liquids, give location of tanks.	J 4 14S 33E	No	/hen			
L		1 , 13 , 331					
V. (	f this production is commingled wincomplet windows the completion of the complete windows in the commingle windows in the	th that from any other lease or pool,	give commingling order number:				
Γ		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
L	Designate Type of Completion	$\frac{\partial n}{\partial x} = \frac{1}{2} X$					
- 1	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	12-5-69	1-12-70	9986	9909			
- 1	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	RKB 4242.3 Perforations	Upper Penn	9850	9799			
9853 -55 9860 -67 9876 -76 (14 1/2) 1-1 >							
F	22, 3000 0,, 30,		D CEMENTING RECORD	9985			
<u> </u>	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CENTUR			
	17 1/2	13 3/8	364	SACKS CEMENT			
	11	8 5/8	4080	300			
	7 7/8	5 1/2	9985	300			
		2 3/8	9799	300			
	TEST DATA AND REQUEST F		fter recovery of total volume of load oil	l and must be equal to or exceed top allow-			
	OIL WELL Date First New Oil Run To Tanks	able for this de	epth or be for full 24 hours)				
- 1	1-12-70		Producing Method (Flow, pump, gas l	ift, etc.)			
	Length of Test	1-12-70 Tubing Pressure	Flow and swab	Choke Size			
	24 hrs.	0 -50 psi	packer	2"			
-	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF			
		228	120	242			
-							
_	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
<u> </u>							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size			
1. C	ERTIFICATE OF COMPLIANC	Œ	OIL CONSERVA	ATION COMMISSION			
			APPROVED	1 20 3/0			
С	ommission have been complied w	egulations of the Oil Conservation it is and that the information given		. 13			
al	pove is true and complete to the	best of my knowledge and belief.	BY JOHN VISOR WAR				
12 12 22			TITLE				
	V/10 10, 11		Į į	This form is to be filed in compliance with RULE 1104.			
R. Ken Williams (Signature)			If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation				
A	gent (11111amo   151 <b>3.11</b>	•	tests taken on the well in accor	rdance with RULE 111.			
(T(t a))			All sections of this form must be filled out completely for allow-				
January 19, 1970			able on new and recompleted wells.				
	(Dat	:e)	Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.				
Separate Forms C-104 must be filed for each							
		<u>;</u>	completed wells.	• • • • • • • •			